

Folliculitis barbae traumatica

Also known as pseudofolliculitis barbae, razor bumps, shave bumps, barbers itch

What is pseudofolliculitis barbae?

Pseudofolliculitis barbae is a chronic inflammation of hair-bearing areas of the skin caused by ingrown hairs that develop after shaving or plucking. This condition is more often seen in individuals with curly hair on the beard area and nape of the neck.

What causes pseudofolliculitis barbae?

Newly cut or shaved hair, especially when coarse and curly, tends to curl back and the sharp point penetrates the skin and causes a foreign-body reaction in the skin. The hair shaft itself may have some structural weakness. This weakness in the hair may be inherited/passed down through families (ie. genetic hair shaft weakness). This can contribute to the development of pseudofolliculitis barbae.

What does pseudofolliculitis barbae look like?

Pseudofolliculitis barbae is most commonly seen in the beard area of men of African background who have short, coarse and curly hair and who shave regularly. The condition may also be seen (though it is far less common) on other parts of the body that are shaved.

Multiple red, skin coloured or brown lumps centred around the hair follicle are seen on the beard area (cheeks, chin and front of neck) and back (nape) of the neck. Sideburns and the moustache are normally not affected. As the condition progresses, larger lumps may develop and complications such as keloid scarring and post-inflammatory hyperpigmentation may occur.

How is pseudofolliculitis barbae diagnosed?

Formal tests are not required to reach a diagnosis. The dermatologist would need to distinguish this condition from a bacterial or fungal infection of the hair follicles.

How is pseudofolliculitis barbae treated?

The best treatment is to allow the hair to grow out.

Changing shaving practices will improve the condition:

- Stop shaving altogether.
- Shave less frequently.
- Shave with one or two blade shavers only.
- Shave in the direction of hair growth.
- Avoid stretching the skin while shaving.
- Hair clippers may be used an alternative to shaving as they do not cut the hair as close to the skin as a razor does. Clippers may need to be used twice daily in order to avoid the 5 o'clock shadow.

Chemical hair removers such as depilatory creams have been used but may cause irritation to the

surrounding skin.

If inflammation occurs, it can be successfully treated with certain steroid creams.

A variety of alternative treatments are available such as steroid injections (intralesional steroids) and topical eflornithine hydrochloride. Laser hair removal and electrolysis may be used in cases that are not responsive to simple measures.

Complications such as scarring and post inflammatory hyperpigmentation can be treated if necessary.

What is the prognosis/likely outcome of pseudofolliculitis barbae?

Relapses occur frequently unless shaving practices are addressed and changed.